

## MTF Preference Information

Name: \_\_\_\_\_

1. I am moving out of the National Capital Region before September 2011:      Yes      No

2. I am satisfied with my projected military treatment facility for primary care after  
15 September 2011:      Yes      No

3. I would prefer the following military treatment facility for my primary care: \*  
Please identify choices 1, 2, and 3:

_____ 579th Medical Group Clinic, Bolling AFB	_____ Kimbrough Ambulatory Care Center,
_____ 779th Medical Group Clinic,	Fort Meade
_____ Andrews AFB	_____ Naval Health Clinic Patuxent River
_____ Barquist Army Health Clinic, Fort Detrick	_____ Naval Health Clinic Quantico
_____ Family Health Center of Fairfax	_____ Naval Health Clinic, US Naval Academy
_____ Family Health Center of Woodbridge	_____ Walter Reed National Military Medical
_____ Fort Belvoir Community Hospital	Center
	_____ Other _____

4. Contact Information:

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

5. Comments:

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Thank you for completing this informational page. Please mail in the prepaid envelope or return to:

**JOINT TASK FORCE J3 OPERATIONS HBO  
8901 WISCONSIN AVE  
BETHESDA MD 20814 9900**

\* Your preference will be taken into consideration during the patient reassignment process. However, enrollment to your preferred military treatment facility (MTF) is not guaranteed. Enrollment will depend on TRICARE time and distance standards as well as available capacity at the facility. Every effort is being made to ensure that you will receive your primary care at a facility that suits your needs. A final MTF enrollment notification letter will be mailed to you in the summer of 2011 timeframe.

To get the most current information, visit: <http://capmed.mil/faq-reassignment-of-beneficiaries/>

Twitter webpage: <http://twitter.com/jtfcapmed>

Facebook webpage: [www.facebook.com/jtfcapmed](http://www.facebook.com/jtfcapmed)

Call: 1-877-TRICARE (1-877-874-2273) or Email: JTFCapMedQuestions@med.navy.mil